



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Daniel O. Thompson, III, M.D.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-17-0393-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

October 14, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I have used CPT code 99456-WP for date of service 10-29-2015. Also, I have corrected CPT code for Return to Work on 08-03-2016. This is in accordance with 28 Texas Administrative Code 134.204."

Requestor's Rebuttal: "Texas Mutual did not detect the incorrect date of service on our initial bill. On 12-28-2015 it issued an EOB with a 10-23-2016 date of service. It's usual practice to return bills with incorrect dates of services for correction 'within 95 days after the date of service,' without issuing an EOB."

Amount in Dispute: \$1,150.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The following is the carrier's statement with respect to this dispute of 10/23/15.

The requestor, as designated doctor, conducted MMI/IR and RTW exams on the date above and then billed Texas Mutual codes 99456-W5/WP and 99456-W6. Texas Mutual reviewed the billing and attached documentation and then declined to issue payment because the date of the narrative report was 10/29/16 and code 99456-W6 is for extent of injury. ...

The requestor submitted a request for reconsideration that Texas Mutual received 3/30/16. ... The requestor did not address the reason for denial identified by the EOB. Texas Mutual maintained its position in view of the inconsistency between the date of the narrative report and the billed date of service along with coding for extent of injury exam rather than coding for a return to work exam.

Texas Mutual notes the presence in the requestor's DWC 60 packet of a bill with date of service 10/29/16 and the coding for a return to work exam. With the bill is a 10/11/16 letter addressed to TDI DWC. Texas Mutual has not received this bill outside of the DWC60."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 29, 2015	Designated Doctor Examination	\$1,150.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.10 sets out the requirements for a complete medical bill.
3. 28 Texas Administrative Code §133.200 sets out the procedures for review of a medical bill.
4. 28 Texas Administrative Code §133.240 sets out the procedures for payment or denial of a medical bill.
5. 28 Texas Administrative Code §133.250 sets out the procedures for reconsideration of a medical bill.
6. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - CAC-P12 – Workers' compensation jurisdictional fee schedule adjustment.
 - CAC-16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
 - 225 – The submitted documentation does not support the service being billed.
 - 892 – Denied in accordance with DWC rules and/or medical fee guideline including current CPT code descriptions/instructions.
 - CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - 724 – No additional payment after a reconsideration of services.

Issues

1. What are the services in dispute?
2. Were the disputed services submitted to the insurance carrier in accordance with 28 Texas Administrative Code Chapter 133?

Findings

1. Per the submitted Medical Fee Dispute Resolution Request (DWC060), Dr. Daniel Thompson, III is seeking reimbursement for an examination fee of \$1,150.00 for date of service October 29, 2015. Dr. Thompson asserts in his position statement that this is regarding a designated doctor examination for maximum medical improvement, impairment rating, and return to work. Therefore, these are the services considered in this dispute.
2. Review of the submitted documentation finds that Dr. Thompson initially submitted a bill for a designated doctor examination with date of service October 23, 2015 for maximum medical improvement, impairment rating, and extent of injury. Dr. Thompson argues that the "usual practice is to return bills with incorrect dates of services for correction..." 28 Texas Administrative Code §133.200(a)(1) states that "Insurance carriers shall not return medical bills that are complete, unless the bill is a duplicate bill." 28 Texas Administrative Code §133.10 requires that a medical bill for professional services include a date of service. Because the initial bill contained a date of service, the medical bill could not be returned as incomplete for this reason.

Texas Mutual Insurance Company (Texas Mutual) denied this bill, in part, with claim adjustment code 225 – "THE SUBMITTED DOCUMENTATION DOES NOT SUPPORT THE SERVICE BEING BILLED." Review of the submitted narrative supports that the billed date of service did not match the date of service in the report. The report also describes the services performed as an examination for maximum medical improvement,

impairment rating, and return to work. 28 Texas Administrative Code §133.240(i) provides that “If dissatisfied with the insurance carrier's final action, the health care provider may request reconsideration of the bill in accordance with §133.250 of this title.”

28 Texas Administrative Code §133.250(d) states that

A written request for reconsideration shall:

- (1) reference the original bill and include the same billing codes, **date(s) of service** [emphasis added], and dollar amounts as the original bill;
- (2) include a copy of the original explanation of benefits, if received, or documentation that a request for an explanation of benefits was submitted to the insurance carrier;
- (3) include any necessary and related documentation not submitted with the original medical bill to support the health care provider's position; and
- (4) include a bill-specific, substantive explanation in accordance with §133.3 of this title (relating to Communication Between Health Care Providers and Insurance Carriers) that provides a rational basis to modify the previous denial or payment.

Documentation submitted supports that Dr. Thompson submitted a request for reconsideration for the services as originally billed. Per an Explanation of Benefits dated April 21, 2016, Texas Mutual maintained its denial of these services.

Additional documentation provided with the dispute finds that Dr. Thompson then submitted a subsequent request for reconsideration on or about August 3, 2016. This request for reconsideration included a change in the date of service to the disputed date of October 29, 2015 and included billing for an examination for maximum medical improvement, impairment rating, and return to work. Texas Mutual rejected this submission with a letter dated August 10, 2016, stating that the “Bill and EOB Dates of Service do not match,” in accordance with 28 Texas Administrative Code §133.250(f), which states, in relevant part:

An insurance carrier shall review all written reconsideration requests for completeness in accordance with subsection (d) of this section and may return an incomplete written reconsideration request no later than seven days from the date of receipt...

The division finds that the services in dispute were not submitted to the insurance carrier in accordance with 28 Texas Administrative Code Chapter 133. No reimbursement is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

	Laurie Garnes	November 9, 2016
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.